

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001207

1. Entity Name

BEACON VENTURE MANAGEMENT CORPORATION II

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90056 031 ***150.00

Principal Place of Business

786 STERLING CHASE DR
PORT ORANGE FL 32124
US

Mailing Address

786 STERLING CHASE DR
PORT ORANGE FL 32124
US

2. Principal Place of Business

78 Emerald Oaks Lane

Suite, Apt. #, etc.

3. Mailing Address

78 Emerald Oaks Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number 04-3302109

Applied For
Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PST NOLFI, FRANK V JR
STREET ADDRESS 786 STERLING CHASE DR
CITY - ST - ZIP PORT ORANGE FL 32124

TITLE NAME ☐ Delete
DC NOLFI, FRANK V JR
STREET ADDRESS 786 STERLING CHASE DR
CITY - ST - ZIP PORT ORANGE FL 32124

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
PST NOLFI, FRANK V JR
STREET ADDRESS 78 EMERALD OAKS LN
CITY - ST - ZIP ORMOND BEACH, FL 32174

TITLE NAME ☒ Change ☐ Addition
DC NOLFI, FRANK V JR
STREET ADDRESS 78 EMERALD OAKS LN
CITY - ST - ZIP ORMOND BEACH, FL 32174

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank V. Nolfi, JR.

Date

13 Mar 01

Daytime Phone #

386 -

671-7815

CR2E034 (10/00)

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